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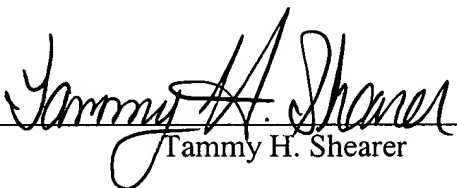
Date of Deposit : February 10, 2005

Type of Document(s) : Transmittal Form;
: Request for Continued Examination
Transmittal (*In Duplicate*);
: Petition for Extension of Time (*In Duplicate*);
: Response to Advisory Action;
: Check for \$910 (RCE Fee & 1-month EOT
Fee; and
: Return Postcard.

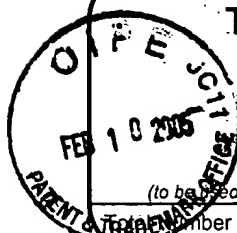
Serial No. : 09/608,129

Date Filed : June 30, 2000

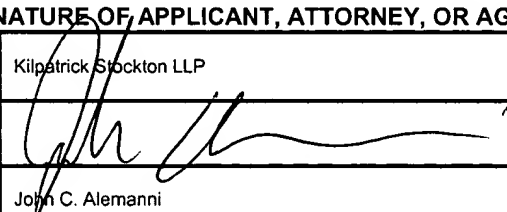
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Tammy H. Shearer

 <p>TRANSMITTAL FORM</p> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/608,129
	Filing Date	June 30, 2000
	First Named Inventor	Evan F. Wies
	Art Unit	2142
	Examiner Name	Thong H. Vu
	Attorney Docket Number	IMM104
Number of Pages in This Submission		

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Express Mail Certificate; Request for Continued Examination Transmittal; Check for \$910.00 (RCE Fee & 1-month EOT Fee); and Return Postcard.
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Kilpatrick Stockton LLP		
Signature			
Printed Name	John C. Alemanni		
Date	February 10, 2005	Reg. No.	47,384

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name		Date	

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